

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number VTN-0567 First Named Inventor Douglas G. Vanderlaan et al. COMPLETE IF KNOWN Application Number Filing Date December 20, 2001 Group Art Unit Examiner Name																			
<input type="checkbox"/> Declaration Submitted with <input type="checkbox"/> Declaration Submitted after Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required)																					
As a below named inventor, I hereby declare that: <p>My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">ANTIMICROBIAL CONTACT LENSES CONTAINING ACTIVATED SILVER AND METHODS FOR THEIR PRODUCTION <i>(Title of the Invention)</i></p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input type="checkbox"/> was filed on (MM/DD/YYYY) <input type="text"/> as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY)</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p> <p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Prior Foreign Application Number(s)</th> <th style="text-align: center; padding: 5px;">Country</th> <th style="text-align: center; padding: 5px;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="text-align: center; padding: 5px;">Priority Not Claimed</th> <th colspan="2" style="text-align: center; padding: 5px;">Certified Copy Attached?</th> </tr> <tr> <th style="text-align: center; padding: 5px;"></th> <th style="text-align: center; padding: 5px;">YES</th> <th style="text-align: center; padding: 5px;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"></td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </tbody> </table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:</p>				Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						YES	NO				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?																	
				YES	NO																
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/257,317	December 21, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented
		Patented
		Patented

I hereby appoint:

<input checked="" type="checkbox"/> Practitioners at Customer Number	000027777	→
AND		
<input type="checkbox"/> Practitioner(s) named below:		
Name	Registration Number	

Place Customer
Number Bar Code
Label Here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Ruby T. Hope at telephone number (732) 524-1024.

Customer Number OR Correspondence address below

Name: _____

Address:

Address:

City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Douglas G.		Family Name or Surname Vanderlaan	
Inventor's Signature		Date	
Residence: City Jacksonville	State Florida	Country USA	Citizenship USA
Mailing Address 8114 Parkridge Circle S.			
City Jacksonville	State Florida	ZIP 32211	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Ann		Family Name or Surname Meyers	
Inventor's Signature		Date	
Residence: City Jacksonville	State Florida	Country USA	Citizenship USA
Mailing Address 3134 Misty Creek Lane			
City Jacksonville	State Florida	ZIP 32216	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Susan		Family Name or Surname Brown-Skrobot	
Inventor's Signature		Date	
Residence: City Jacksonville	State Florida	Country USA	Citizenship USA
Mailing Address 8707 Rolling Brook Lane			
City Jacksonville	State Florida	ZIP 32216	Country USA